

## ADOPTION ASSISTANCE AMENDMENT REQUEST – SUBSEQUENT

**Use of form:** This form is used to request a subsequent amendment to an existing adoption assistance agreement under s.48.975(4)(b) when the adoptive parent(s) believe there has been a substantial change in the special care needs of the child since adoption finalization.

**Instructions:** Review the Adoption Assistance Amendment Request form (CFS-2092) previously completed and confirm that the characteristics continue to exist .

### Adoptive Child

Name – Child (Last, First, MI)

Birthdate (mm/dd/yyyy)

Social Security Number

### Adoptive Mother

List all Legal Names Since Placement of Adoptive Child

Address (Street, City, State, Zip Code)

Address – Mailing (if different)

Telephone Number – Daytime

Birthdate (mm/dd/yyyy)

Social Security Number

County(s) of Residence Since

### Adoptive Father

List all Legal Names Since Placement of Adoptive Child

Address (Street, City, State, Zip Code)

Address – Mailing (if different)

Telephone Number – Daytime

Birthdate (mm/dd/yyyy)

Social Security Number

County(s) of Residence Since

I declare I have reviewed the emotional, behavioral and physical / personal care characteristics indicated on the Adoption Assistance Request form (CFS-2092) provided to me that I previously submitted to the Department of Health and Family Services. I confirm that the characteristics indicated are not age appropriate and continue to exist.

Questions regarding completion of this form should be directed to the Adoption Assistance Program Specialist at (866) 666-5532.

SIGNATURE – Adoptive Mother

SIGNATURE – Adoptive Father

Date Signed

Return completed form to:

Adoption Assistance Program Specialist  
Department of Health and Family Services  
Division of Children and Family Services  
Bureau of Programs and Policies  
P.O. Box 8916  
Madison, WI 53708-8916